Guidance for GP Curriculum learning outcomes and their assessment in Hospital Specialty Posts

Specialty Handbooks and Self-Assessment Tools are available as separate documents

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## Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>3</td>
</tr>
<tr>
<td>How to use the handbook</td>
<td>3</td>
</tr>
<tr>
<td>Overview of GP Specialty Training</td>
<td>4-8</td>
</tr>
<tr>
<td>Required minimum evidence &amp; timeline</td>
<td>9-10</td>
</tr>
</tbody>
</table>

### Section 1: Specialty Handbooks – please download as appropriate

- Accident & Emergency
- ENT
- Geriatrics
- Medicine
- Obstetrics & Gynaecology
- Oncology & Palliative Care
- Ophthalmology
- Paediatrics
- Psychiatry
- Psychiatry Older Adults
- Surgery & Orthopaedics

### Section 2: GPStR Self-Assessment Tool – please download as appropriate

- Accident & Emergency
- ENT
- Geriatrics
- Medicine
- Obstetrics & Gynaecology
- Oncology & Palliative Care
- Ophthalmology
- Paediatrics
- Psychiatry
- Surgery & Orthopaedics
Introduction

The purpose of this handbook is to facilitate the integration of the GP Curriculum into the hospital based specialty posts that are part of GP Specialty Training Programmes. The learning objectives and assessment opportunities have been highlighted and mapped to the GP Curriculum. Hopefully this will clarify what is expected in each post for both GPSTRs and clinical supervisors alike. The purpose of the handbook is to provide a starting point from which the GPSTR and their supervisors can develop their own individual educational plan.

There are 2 sections, the first section is made up of handbooks for each of the specialties, the second is a self-assessment tool for GPSTRs. The self-assessment tool allows GPSTRs to rate their confidence against the knowledge base and learning outcomes from the GP curriculum for each specialty.

Acknowledgement

Much of the material within this handbook has been adapted from “The Curriculum in Hospital and General Practice – A simple guide” that was produced by Dr Lindsey Pope and Dr Moya Kelly from the West of Scotland GP Deanery.

I have worked with Dr Annie Walker (Programme Director, Maidstone GP Training Scheme) and Dr Peter Searle-Barnes (Programme Director, Worthing GP Training Scheme) to further develop this guide. We have tried to provide further guidance on the learning objectives and opportunities for assessments in each specialty. We have also produced a GPSTr Self-Assessment tool to facilitate the identification of learning needs that are mapped directly to the GP Curriculum.

How to use this handbook

GPSTRs

Please read this document and then download the appropriate specialty handbook in Section 1 and use the associated self-assessment tool in Section 2. This should enable you to produce an educational plan with your clinical supervisor at the outset of your specialty post that addresses your personal learning needs in relation to the GP Curriculum. It should also enable you to plan your assessments both in terms of their focus and their timing.

It is intended that this handbook is complimentary to the other learning resources available through your e-Portfolio and the RCGP website.

Clinical Supervisors

Please download the relevant specialty handbook from Section 1. This should help you to draw up an educational plan with the GPSTR at the start of their specialty post.

You may wish to read the “Overview of GP Specialty Training” section as this will help you understand the overall structure of the GP Specialty Training Programme.

Educational Supervisors

The specialty handbooks should help you plan how you will manage the coverage of the GP Curriculum over the three year training programme with your GPSTR. They should provide guidance as to what is expected in specialty posts and help the GPSTRs to identify their own learning needs in relation to the GP Curriculum.

Programme Directors

These handbooks should help you in planning the GPSTP in your locality. Please use the specialty handbooks in discussion with GPSTRs, clinical supervisors and educational supervisors and within your GP Faculty learning sets.

Dr Glyn Williams, Associate GP Dean
Overview of the GP Specialty Training Programme

This guide outlines the GP specialty training programme giving an overview of what to expect and how this is mapped to the RCGP GP Curriculum and the nMRCGP assessments.

Specialty Training Programmes for General Practice

These programmes are of 3 years duration. They consist of a series of six 4 month posts in a variety of hospital specialties and general practice settings, followed by a full year in general practice. The programmes have been created and approved to meet the requirements of both the RCGP and PMETB, so that on successful completion GPSTRs will receive a Certificate of Completion of Training (CCT). Satisfactory completion of the scheme is an essential requirement for entry to the General Medical Council’s GP Register and for membership of the Royal College of General Practitioners.

The GP Curriculum

The RCGP GP Curriculum is for doctors training for general practice and their trainers and educational supervisors. It covers the period known as Specialty Training for General Practice: from the end of the Foundation Programme to the award of a Certificate of Completion of Training (CCT). It assumes trainees have already attained the core competences of the Foundation Programme.

GPSTRs will be sent a copy of the GP Curriculum core statement “Being a General Practitioner”, included with it is a DVD containing all of the other curriculum statements. Further information and documentation can be found on the RCGP Curriculum website: www.rcgp-curriculum.org.uk

The e-Portfolio

The e-Portfolio is the way in which GPs in training collect and collate their evidence of learning and performance for the nMRCGP assessment. It offers an overview of current position on the journey to CCT, as a complete record of their assessments.

However it is not just a collection of assessments or a record of attainment. The e-Portfolio is above all a learning log, and each trainee doctor will have their own learning log in which they can record notes on significant clinical encounters, lectures attended, professional conversations and any reading they have done. Each item is personal to the GPStR until such time as they permit it to be shared. These learning entries can be tagged with a curriculum heading for future searching and assessment.

On starting their Specialty Training Programme for General Practice GPSTRs will receive a unique log-in to their personal e-Portfolio. Training will be provided on how to get started with this, but GPSTRs are encouraged to look at this at the earliest opportunity and use the available on-line help.

The nMRCGP Assessment

The nMRCGP is an integrated assessment programme that includes three components:

- Applied Knowledge Test (AKT),
- Clinical Skills Assessment (CSA)
- Workplace-Based Assessment (WPBA).

Each of these is independent and will test different skills but together they will cover the curriculum for specialty training for general practice. Evidence for the workplace-based assessment will be collected in the e-Portfolio of each GPStR.

The AKT and CSA will be taken in the third year, whilst in General Practice, but the WPBA will span the full 3 year programme.
The RCGP Domains of Competence and Essential Features

You will see from the GP Curriculum that the statements are organised around six domains of core competences and with three essential features. These provide the framework for the development of the curriculum for general practice both for the core competences of the family doctor, and also for specific content areas in general practice. This can be illustrated as a tree, with the six core competences being the branches and being fed by the essential features as the roots:

These are summarised below:

**The six domains of core competences**

1. Primary care management
2. Person-centred care
3. Specific problem-solving skills
4. A comprehensive approach
5. Community orientation
6. A holistic approach.

The first three competences have as their focal point the primary contact between the patient and doctor. These can be explored during hospital specialty posts as well as when in general practice. The remaining competences are more complex and take a wider perspective, going beyond the consulting room GP–patient interaction. These will be explored in more detail in the third year whilst in general practice.

**The essential features**

As a person-centred scientific discipline, the three essential features should be considered as fundamental. These are:

1. **Contextual** - using the context of the person, the family, the community and their culture
2. **Attitudinal** - based on the doctor’s professional capabilities, values and ethics
3. **Scientific** - adopting a critical and research-based approach to practice, and maintaining this through continuing learning and quality improvement.
LEARNING, TEACHING & ASSESSMENT

The process of learning
The proposed model of learning combines three aspects:
1. It recognises the importance of balance and diversity in the learning situations that trainees experience
2. It places emphasis on clarity and transparency of learning outcomes as professional, adult learners expect
3. The pedagogy of learning recognises the distinctive requirements of adults as learners.

Balance and diversity
Teaching and learning in relation to a curriculum for general practice occur primarily at work. In addition to training in the workplace, the GPStR will also participate in the formal learning opportunities provided through departmental teaching sessions and general practice specialty training seminars and day release activities. Teaching and learning in all these contexts will be underpinned by clarity on expected outcomes that are specified in terms of competences.

Competences as outcomes
In the curriculum, competence is used to define steps on the way to expertise, specifically the ability to use knowledge, understanding, and practical and thinking skills to perform effectively to the national standards required for independent practice. An individual who is competent has general attributes incorporating understanding and judgement, 'a complex structuring of attributes needed for intelligent performance in specific situations'. Competences are also components of a whole: at once building blocks of professional competence and also interrelated parts of an integrated, holistic whole.

Key principles of adult learning
The primary pedagogical relationship in the training programme is between the trainer (educator) and the learner, a relationship that is embedded in active, professional practice. The general principles of adult learning underpin the way teaching and learning is organised and delivered. A brief summary of these principles is set out below:

- **Self-direction.** There is a deep-seated need for adults to be self-directed and in charge of their own learning, although there are times when adult learners will want and need to be told what to do rather than find out for themselves
- **Experiential.** Experience provides the principal resource for adult learning. Experiential learning is iterative with situations revisited and something being gained each time
- **Needs-based.** An adult’s readiness to learn is strongly related to the tasks required for the performance of his or her evolving role
- **Problem-centred.** Adults want to apply tomorrow what they learn today. Therefore the appropriate units for teaching and learning are situations, not subjects.

Work Place Based Learning
It is intended that learning takes place primarily in the workplace, using real cases as the raw material for learning.

“Learning is not only or even primarily about obtaining correct information or answers from knowledgeable others … it is fundamentally about making meaning out of the experience we and others have in the world. Learning is a part of work and work involves learning … these are not separate functions but intertwined”

DIXON. The Organizational Learning Cycle 1999

In such a setting the it is the responsibility of the learner to ensure that learning occurs. Supervisors will facilitate a learning environment, but will not “spoon-feed” knowledge to hungry learners. Ways in which this can be done are listed in the table below:
**Work processes with learning as a by-product**

- Participation in group processes
- Working alongside others
- Consultation
- Tackling challenging tasks and roles
- Problem solving
- Trying things out
- Working with patients

**Learning Activities located within work or learning processes**

- Asking questions
- Listening
- Observing
- Getting information
- Learning from mistakes
- Reflecting
- Locating resource people
- Giving and receiving feedback

**Learning Processes at or near the workplace**

- Being supervised
- Being coached
- Being mentored
- Shadowing
- Visiting other sites
- Independent study
- Conferences
- Short courses
- Working for a qualification

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All learning activities should be recorded in the e-Portfolio as part of the Learner’s Log.

**Work Place Based Assessment (WPBA)**

Workplace assessment will take place throughout the three years. It includes tools that are familiar from foundation programmes:

- Consulting skills assessment (mini-CEX)
- Case-based discussion (CBD)
- Direct observation of procedural skills (DOPS)
- Multi-source or 360° feedback (MSF).
- Consultation observation tool (COT)

However, these are now being marked and calibrated against the competencies of the GP Curriculum.

The entry point is that of meeting the competences of the Foundation Programme and equates to “needs further development”. It is expected that most doctors will start at this point.

“Competent” is the level that is expected to achieve the CCT in General Practice, i.e. adequate to perform as an independent GP.

“Excellent” is a level that all GP’s in practice aspire to and represents expert practice in that given area. It is expected to be rare for a ST1/2/3 doctor to achieve this level.

Feedback on how to move performance from the current level to the next level is essential.
The role of the Clinical Supervisor

The consultant to which any specific ST1/2 doctor is attached will be that doctors Clinical Supervisor for the duration of that post. The Clinical Supervisor will supervise the following during each 4 month post:

- An initial induction meeting reviewing the learning needs of the GPStR and agreeing an educational plan for the post
- 2 CBD assessments
- 2 mini-CEX assessments
- 2 DOP assessments
- Completing a clinical supervisors report on the e-Portfolio at the end of the post

This is the minimum requirement and trainees are encouraged to do as many as they feel they need to meet the learning outcomes of the GP Curriculum.

The role of the Educational Supervisor

On appointment to a GP Specialty Training Programme, ST1/2 doctors will be allocated to their future GP Trainer and training practice. The GP Trainer will then be the Educational Supervisor for the training doctor for the entire 3 year programme; that is for the ST1, ST2 and ST3 years. Every 6 months the ST1/2 doctor will need to arrange a meeting with their GP Trainer for a six monthly “nodal review”, this is effectively an educational appraisal review. The ST1/2 doctor will present evidence of assessments that they have completed in the previous 6 months for approval and a signing off process of that part of the e-portfolio. The GP Trainer and ST1/2 doctor will then agree and personal development plan for the next 6 months, which will need to be written down and mutually agreed. The GP Trainer, as Educational Supervisor, is responsible for approval of any proposed study leave application so this should be discussed at this meeting also.

Study Leave

Whilst in hospital posts it is intended that study leave is used primarily to enable ST1/2 doctors to spend time regularly in general practice at their future training practice and with their Educational Supervisor. This time will be used to familiarise the ST1/2 with all aspects of general practice through sitting in with GPs and attached primary care staff as well as attending dedicated educational sessions with the GP training locality group. There will be scope for project and audit work within this time. The six monthly nodal reviews with the Educational Supervisor will also occur during this time. The times for these regular sessions in GP will be published well in advanced to allow for release from duty rotas. KSS GP Deanery will be running specific courses to meet certain of the GP Curriculum learning outcomes that may be difficult to meet in other ways. Any other study activity has to be approved by the Educational Supervisor (the GP Trainer) and must be mapped to the GP Curriculum. It would also have to fit with service commitments in secondary care. There is not expected to be any funding for any such additional courses.

SUMMARY

- A three year programme mapped directly to the GP Curriculum and integrating the nMRCGP assessment
- Learning and teaching based on work place based practice and centred around real cases
- Specified learning outcomes based around six core competences and three essential features that provide a framework for the GP Curriculum
- Work place based assessment to define learning needs and provide feedback on how to progress
- All learning activities and assessments to be recorded in e-Portfolio
- A learner-led programme in which the learners takes control and responsibility for their own learning
GP Specialty Training Programme: Required Minimum Evidence and Timeline

ST1 Year:

By 6 month review: 3 CbD, 3 Mini-CEX, 3 DOPS, 1 MSF, 1 CSR
By 12 month review: 3 CbD, 3 Mini-CEX, 2 DOPS, 1 MSF, 1 CSR  (1 PSQ in place of MSF if in Primary Care for post 2)

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Reviews:

Please note: The 12 month review will be in early June to allow time for the ARCP Panels to sit. All the assessment for the year have to be completed by that date. The exact date will be confirmed by the time of the 6 month review. Failure to complete the minimum number of assessments will result in referral to the ARCP panel.

Glossary

CbD: Case-based Discussion
Mini-CEX: Mini-Clinical Evaluation Exercise
(COT): Consultation Observation Tool – in place of Mini-CEX if in Primary Care
DOPS: Direct Observation of Procedural Skills
MSF: Multi-Source Feedback
(PSQ): Patient Satisfaction Questionnaire – only if in Primary Care
CSR: Clinical Supervisor’s Report
### ST2 Year:

**By 18 month review:** 3 CbD, 3 Mini-CEX, 3 DOPS, 2 CSR  
**By 24 month review:** 3 CbD, 3 Mini-CEX, 2 DOPS, 1 CSR

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Reviews:

- **18 Month**
- **24 Month**

**Please note:** The 24 month review will be in early June to allow time for the ARCP Panels to sit. All the assessment for the year have to be completed by that date. The exact date will be confirmed by the time of the 18 month review. Failure to complete the minimum number of assessments will result in referral to the ARCP panel.

### Glossary

- **CbD**  Case-based Discussion  
- **Mini-CEX**  Mini-Clinical Evaluation Exercise  
- **(COT)**  Consultation Observation Tool – in place of Mini-CEX if in Primary Care  
- **DOPS**  Direct Observation of Procedural Skills  
- **CSR**  Clinical Supervisor’s Report